ANNUAL REPORT

FOR THE YEAR ENDED
MARCH 31, 1983

NEWFOUNDLAND

MEDICAL CARE COMMISSION

84- 3930 /

DEPARTMENT OF HEALTH

St. John's, December, 1983

TO THE HONOURABLE DR. W. ANTHONY PADDON,
Lieutenant-Governor of Newfoundland and Labrador.

May it please your Honour:

I have the honour to present the Annual Report of the Newfoundland Medical Care Commission for the year ended March 31, 1983.

Your obedient servant,

H. WALLACE HOUSE,
Minister of Health.

NEWFOUNDLAND MEDICAL CARE COMMISSION

St. John's, December, 1983

TO THE HONOURABLE H. WALLACE HOUSE,
Minister of Health.

Honourable Sir:

I am pleased to present the Annual Report of the Newfoundland Medical Care Commission for the year ended March 31, 1983.

Respectfully submitted,

ROGER M. CROSBIE,
Chairman.

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HIGHLIGHTS OF 1982-83 REPORT

- Final stage of 1981 agreement implemented on April 1, 1982. Restraint guidelines imposed in new two year agreement limiting increase in first year to 5% effective November 1, 1982.
- Volume of services increased by 13.5% to 3,177,190.
- Payments for insured services totalled $52,294,000, an increase of 21.25%.
- Administrative expenses increased by $243,000 over the previous year to $2,046,016. However, as a percentage of total program expenditure, these costs decreased by 0.15% to 3.77% and were $44,000 below budget.
- New distributed processing computer system implemented with 'in house' processing capability.
- Restraint guidelines implemented resulting in staff reductions and budget cutbacks.
- At year end there were 688 physicians registered with MCP of whom 490 were in private practice.
- Extensive report on MCP operations presented to the Minister of Health.

the plan

THE NEWFOUNDLAND MEDICAL CARE INSURANCE PLAN

The Newfoundland Medical Care Insurance Plan (MCP) provides coverage of medical services for all bona fide residents of the province. The plan is administered by the Newfoundland Medical Care Commission, in accordance with Section 4 of the Newfoundland Medical Care Insurance Act, Chapter 265 of the Revised Statutes of Newfoundland, 1970, and the Commission is responsible to the Minister of Health.

The Medical Care Insurance Fund, authorized under Section 29 of the Act, is funded from money voted by the legislature of Newfoundland. The Commission's fiscal period is April 1 to March 31 and its financial position relative to cost is reported on a full accrual basis.

The legislative framework of the plan is set out in the Medical Care Insurance Act, amendments to that Act and its various regulations. The Commission is appointed by the Lieutenant-Governor in Council.

Medical Care Plan beneficiaries have freedom of choice as to which physician they consult. Physicians may either participate in the plan or opt out. A participating physician invoices MCP in accordance with a negotiated payment schedule. A non-participating physician may bill the patient (beneficiary) directly at rates which may be greater than those listed in the MCP Payment Schedule. MCP then reimburses the patient at payment schedule rates and the patient is responsible for any difference.

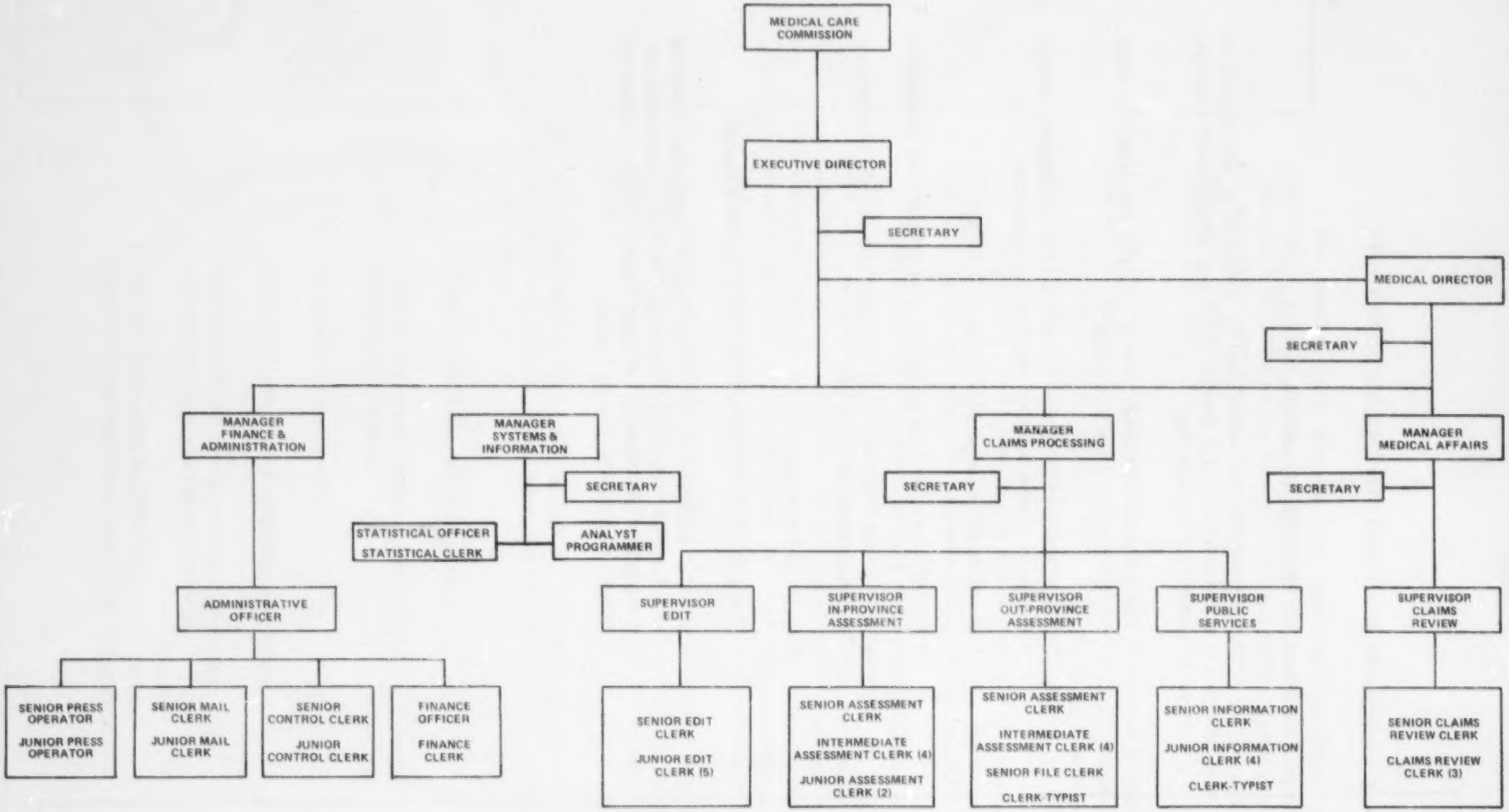
Insured services rendered to MCP beneficiaries outside the province are paid at MCP Payment Schedule rates. If the amount billed exceeds the amount payable, payment of the difference becomes the patient's responsibility.

Physicians' services insured under the plan are set out in the Newfoundland Medical Care Insurance (Insured Services) Regulations. These include:

- Visits in the office, hospital or home.
- Care and treatment before, during and after operations, including anaesthesia.
- Complete maternity care.
- Eye examinations performed by a physician.
- Specified surgical-dental procedures medically required to be performed in a hospital.
- One full optometric diagnostic examination per beneficiary per year performed by an optometrist.

At March 31, 1983, non-insured services included:

- Examinations not necessiated by illness or at the request of a third party; e.g. annual check-up, employment medical, pre-school medical, etc.
- The difference between general practice and specialist rates for non-referred visits to a specialist.
- The services of chiropractors, podiatrists, osteopaths, physiotherapists, nurses or other para-medical personnel.
- Plastic or other surgery for cosmetic purposes.
- Advice given by a physician to a beneficiary by telephone.
- Eye glasses, hearing aids, surgical appliances, wheelchairs, crutches, artificial limbs, etc.
- Drugs and vaccines.
- Transportation, mileage charges and ambulance charges.
- Services available to a resident under legislation covering Newfoundland Hospital Insurance, Workers' Compensation, Department of Veterans' Affairs, Royal Canadian Mounted Police and Canadian Armed Forces.



Bracketed figures represent number of staff positions.

organization

COMMISSION

The Newfoundland Medical Care Commission was established in accordance with Section 4 of the Newfoundland Medical Care Insurance Act, 1968. The Commission, consisting of not less than five voting members, has the mandate of administering the Medical Care Plan for the eligible residents of Newfoundland and Labrador.

Each voting member of the Commission holds office for a term prescribed by the Lieutenant-Governor in Council. Three of the voting members are appointed from a list submitted to the Minister of Health by the Newfoundland Medical Association.

At March 31, 1983 the Commission was comprised as follows:

CHAIRMAN	Roger M. Crosbie
VICE-CHAIRMAN	Dr. W. D. Parsons
MEMBERS	Dr. H. J. Blackwood
	Mrs. Amy Burden
	William Collins
	James Finn
	Stephen Gallagher
	Mrs. Vera McDonald
	Dr. P. J. Mowbray
	Ronald Smith
	James Walsh
EX-OFFICIO MEMBERS	R. O. Peddigrew Executive Director
	Ambrose Hearn Deputy Minister of Health

The Commission meets on a monthly basis to deal with a variety of major issues affecting plan operations. Primary responsibilities include policy formulation, review and proposal of amendments to the Act and Regulations, payment schedule negotiations, budgeting and general corporate planning.

Many of the Commission's on-going functions are administered by its standing committees. These committees are as follows:

- **Budget/Finance Committee** - The primary function of this Commission sub-committee is to prepare and present detailed estimates of revenue and expenditure for all Commission operations. Other functions include monitoring of cash flow, review of the report and recommendations of the Auditor General and assessment of Commission security arrangements.

The implementation of general government restraint guidelines in November 1982 resulted in significant cost reduction measures being taken by the Commission upon recommendation of the Budget/Finance Committee for the remaining four months of the fiscal year. Restrictions on all forms of discretionary spending and implementation of cost effective proposals, including layoff of three employees, resulted in a $44,000 reduction in budgeted administration expenses.

- **Joint Liaison Committee** - With equal representation from both the Newfoundland Medical Association and MCP, the mandate of this committee is to address and resolve issues of a general nature which are of concern to either or both organizations.

- **Tariff Development Committee** - The function of this committee is to continually monitor the MCP Payment Schedule and to consider and recommend to the Commission changes in rates or preamble interpretations.

- **Medical Advisory Committee** - This committee of the Newfoundland Medical Association deals with complex or contentious claims. Six meetings were held during the year under a new expanded role whereby complex claims normally handled by the MCP Assessing Division were referred to that committee for initial assessment. Because of financial restraints, this program had to be temporarily curtailed at the end of October, 1982. This approach to assessment of complex claims proved very effective and although financial restraints limited the number of committee meetings, it is hoped that the committee will function under its expanded terms of reference in the year ahead.

- **Medical Consultants Committee** - The function of this committee is to review profiles of physicians' practices, elicit explanations of variations in patterns of practice and recommend necessary action to the Commission. The committee, which met regularly throughout the year, is nominated by the Medical Association but is responsible to the Commission.

- **Dental Advisory Committee** - This committee of Newfoundland Dental Association members continued to meet with MCP's Medical Director during the year to consider assessment of complex claims for dental services, payment review and tariff item development.

In addition to the review and disposition recommendations made by these various sub-committees, the Commission met on a regular monthly basis to deal with a broad range of policy-related issues referred by senior management.

In response to a request by the Minister of Health on behalf of the Social Policy Committee of Government, the Commission presented a comprehensive report to the Minister which detailed its mandate, structure, administrative mechanisms and effectiveness.

EXECUTIVE

The Executive Director, Robert O. Peddigrew, is the Chief Executive Officer of the Commission and is responsible for the general direction, supervision and control of the business of the Commission. He reports to the Commission through the Chairman.

The Commission's executive also includes, as Medical Director, Gregory F. Russell, M.D. In addition to his internal role as director of Medical Affairs, the Medical Director acts as chief liaison officer in dealings with the medical, dental and optometric professions.

FINANCE AND ADMINISTRATION DEPARTMENT

The Commission's financial and general administrative operations are conducted by a staff of ten employees under the direction of the Manager of Finance and Administration.

Financial functions include budgeting, accounting, auditing, and latterly, claims control. Detailed financial statements are presented for Commission review on a monthly basis and at year end form an integral part of the Commission's Annual Report to the Minister of Health. The Commission's audited financial statements for the year 1982-83 are presented on pages 13 - 18.

The recently transferred function of claims control includes reconciliation of documents and dollar values through the various stages of processing from receipt through to final payment. Reports and graphical representations prepared by this division provide senior management and Commission members with up-to-date information on claim volumes, rejection rates and dollar values.

Administrative functions include maintenance of personnel and payroll records, purchasing, printing and duplicating, mail and messenger services and control of Commission supplies.

SYSTEMS AND INFORMATION DEPARTMENT

This department develops and maintains computer systems and liaises between MCP's user departments and Newfoundland and Labrador Computer Services. The information segment of this department utilizes computer systems to generate a variety of statistical information which, in addition to its use by the Commission for program development, is used by a wide variety of researchers and health officials. MCP's annual statistics also form an integral part of national reports which are produced by Health and Welfare Canada for provincial use.

The development efforts of the department resulted in the design and implementation of a new distributed data processing system which became operational during the year.

Consisting of an IBM System 38 computer linked via telephone line to the main frame of the Amdahl 5860 computer at Newfoundland and Labrador Computer Services, the system works in a distributed mode.

By October 1982 the first production runs on the core of the new system began. In November 1982 the system was modified to pay a 5% increase to physicians in billings under the MCP Payment Schedule.

At year-end, all basic sub-systems were running on a regular basis and the process of fine tuning was underway.

Upon completion, it is expected that internal paper transactions will be virtually eliminated and that MCP ability to access data will be significantly improved.

CLAIMS PROCESSING DEPARTMENT

This department consists of four divisions, including Public Services, Claims Edit, In-Province Claims Assessing and Out-of-Province Claims Assessing.

An effort was made again this year to step up public relations activities. Information seminars were conducted at the request of various institutions such as the College of Trades and Technology, the Newfoundland Career Academy and St. John Bosco High School. Advertisements were placed in local newspapers and on radio concerning the importance of presenting MCP cards at physicians' offices and the introduction of a processing fee for registration transactions effective April 1, 1983.

As a result of the installation of the new computer system, the In-Province Assessing staff commenced terminal processing operations on October 1, 1982. Claim rejections, which were previously presented on paper for manual assessment and re-entry via the same medium, are now processed entirely by use of computer terminals with significant improvement in the turnaround of data and disposition of claims.

Also, the method of cheque production for payments with respect to out-of-province services was significantly improved. Payee information, which was previously transferred from patient claims to internal documents and subsequently to cheques and cheque registers, is now entered directly into the system via computer terminal. This method has proven to be much more efficient and manageble than the system which previously existed.

A detailed report of processing activities is presented on page 28 (Table 9) of this report.

MEDICAL AFFAIRS DEPARTMENT

This department is responsible for development and revision of payment schedules for physicians, dentists and optometrists.

Other responsibilities include input to the Medical and Dental Advisory Committees, servicing and utilization reviews, field service programs, liaison with physicians on matters of policy and procedure and assessment of difficult claims.

A revised MCP Payment Schedule was implemented on April 1, 1982 which included a 7% increase effective on that date for physicians, dentists and optometrists and which was the final step of a three-stage agreement reached in 1981. In line with government's restraint program, a 5% increase was implemented with effect from November 1, 1982. That increase was implemented as an adjustment to the April 1 rates with the next Payment Schedule revision planned for November 1, 1983.

The Manager of Medical Affairs visited all fee-for-service physicians outside the St. John's area. These visits, as usual, proved very worthwhile in solving many problems for physicians and their office staffs.

The Claims Review Division maintained an on-going review of physician's services claimed. Patients or physicians were written to confirm services, computer printouts were reviewed and special audits were conducted when required. Recoveries from claims corrected on review amounted to $17,359.

Savings from third party liability recoveries were $47,492 and recovery of payment for claims which should have been billed to the Workers' Compensation Board totalled $67,072.

OVERVIEW

Claims Processing

Claim forms designed to meet Optical Character Reader (OCR) standards are provided by the Commission to both opted-in and opted-out physicians. Services are handcoded by the physician in accordance with instructions provided at the time of registration. Periodic follow-up training is also conducted.

The claim form is designed so that the physician may provide information about himself, the patient and the service(s) rendered to allow a thorough computer assessment of the items claimed.

Claims are received, counted, date stamped and batched for daily processing.

The claims are fowarded three times per week to Newfoundland and Labrador Computer Services where they are optically scanned and edited.

Approximately 85% of all rejected claims are corrected by MCP staff, while the remainder are returned to physicians for further clarification or correction.

Those claim forms which comply with the edit rules are sequentially numbered by the optical reader for future reference and returned to MCP for microfilming.

Magnetic tapes containing the accepted claim information and on-line corrected assessment rejects then become input to a Physician Fee Assessment Program.

Claim items which fail Physician Fee Assessment are transmitted via telephone line to the MCP computer. These rejected items are assigned by computer program to assessment personnel. Using interactive software, these items are either bypassed/corrected or listed for manual return to physicians with an explanatory letter.

Corrected items are transmitted to Newfoundland and Labrador Computer Services where they are merged with edit OCR claims for re-entry into the next Physician Fee Assessment run.

Claim items which are accepted by Physician Fee Assessment are stored for input to Patient History Assessment.

Items which fail Patient History Assessment, along with all related patient history, are transmitted via telephone line to the MCP computer. These rejected items are assigned by computer program to assessment personnel. Using interactive software, assessment personnel either bypass/correct these items or list them for manual return to physicians with an explanatory letter.

Claim items which satisfy all criteria are forwarded on magnetic tape to MCP on a weekly basis. These tapes are processed by the MCP system to produce physician and patient cheques, remittance statements and cheque registers.

Original source documents are kept on file for three months while copies of older claim forms and adjustment forms are available from microfilm.

Masterfile Maintenance

The MCP computer system utilizes a central base of patient names, addresses and services. The system which is devoted to the name/address part of this data is the Masterfile Maintenance System. This data base contains information which permits determination of eligibility and accurate assessment of claims.

Beneficiary registrations, changes of address, lost card requests, etc. are received by the Public Services Division of MCP on a daily basis.

Information on these forms is key entered on the MCP system by terminal. This data is communicated by telephone line between the MCP and NLCS systems to add or change patient information on the data base.

Statistics

Extract records from payment runs are retained on the MCP system. At preset periods, or as required, the statistical records are used to generate recurring and one-time information reports.

DEPARTMENT OF THE AUDITOR GENERAL
ST. JOHN'S, NEWFOUNDLAND

AUDITOR'S REPORT

To the Chairman and Members,
The Newfoundland Medical Care
Commission,
St. John's, Newfoundland.

I have examined the balance sheet of the Newfoundland Medical Care Commission as at 31 March 1983 and the statement of revenue and expenditure for the year then ended. My examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as I considered necessary in the circumstances.

In my opinion, these financial statements present fairly the financial position of the Commission as at 31 March 1983 and the results of its operations for the year then ended in accordance with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

J. F. MCGRATH, C.A.,
Auditor General.

St. John's, Newfoundland
16 September 1983

NEWFOUNDLAND MEDICAL CARE COMMISSION
INDEX TO FINANCIAL STATEMENTS
31 MARCH 1983

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STATEMENT 1

NEWFOUNDLAND MEDICAL CARE COMMISSION
BALANCE SHEET
31 MARCH 1983

	1983	1982
ASSETS		
Cash	$ 200	$ 200
Accounts receivable -		
Province of Newfoundland (Note 1 (a))	8,595,115	6,130,717
Third party liability recovery	8,952	-
Other	41,958	-
Prepaid expense	46,859	46,839
Total assets	$8,693,084	$6,177,756
LIABILITIES		
Bank overdraft	$ 78,636	$ 157,442
Accounts payable and accrued liabilities	85,376	101,675
Liability for presented and processed claims (Note 1 (b))	6,100,656	3,702,738
Estimated liability for unpresented and unprocessed claims (Note 1 (b))	2,428,416	2,215,901
Total liabilities	$8,693,084	$6,177,756

See accompanying notes

Signed on behalf of the Commission

R. M. CROSBIE
Chairman

R. O. PEDDIGREW
Executive Director

STATEMENT 2

NEWFOUNDLAND MEDICAL CARE COMMISSION
STATEMENT OF REVENUE AND EXPENDITURE
FOR THE YEAR ENDED 31 MARCH 1983

	1983	1982
Revenue:		
Contributions - Province of Newfoundland	$54,264,394	$44,843,188
Third party recoveries	56,444	34,866
Miscellaneous	19,248	14,755
	75,692	49,621
Total revenue	$54,340,086	$44,892,809
Expenditure:		
Cost of insured services -		
Physicians -		
Fee for service (opted-in)	$48,141,684	$40,123,265
Fee for service (opted-out) and out-of-province	944,444	875,972
Dental surgery	600,371	501,026
Sessional payments	929,121	1,013,113
Incentive fund	110,039	57,680
Payments in lieu of fee for service	15,000	15,000
Optometry	1,553,411	543,067
	52,294,070	43,129,123
Administrative expenditure (Schedule 1)	2,046,016	1,763,686
Total expenditure	$54,340,086	$44,892,809

See accompanying notes

SCHEDULE 1

NEWFOUNDLAND MEDICAL CARE COMMISSION
SCHEDULE OF ADMINISTRATIVE EXPENDITURE
FOR THE YEAR ENDED 31 MARCH 1983

	1983	1982
Computer costs		
Claims processing	$ 304,608	$ 339,961
Development	96,213	36,351
Rental	123,765	-
	524,586	376,312
Salaries	1,110,590	1,045,302
Commission fees	23,880	12,997
Office supplies	89,438	78,086
Microfilming	4,499	5,449
Postage and telephone	67,481	50,079
Electricity	4,255	3,613
Interest and bank charges	9,061	7,914
Furniture and equipment	13,994	13,566
Office rental	118,993	116,303
Equipment rental	420	1,371
Consultants' fees	9,250	-
Leasehold improvements	12,121	4,348
Travelling	17,174	22,900
Cleaning	7,603	7,123
Miscellaneous	32,671	18,323
Total administrative expenditure	$ 2,046,016	$1,763,686

See accompanying notes

NEWFOUNDLAND MEDICAL CARE COMMISSION
NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 1983

1. Significant accounting policies

   (a) In accordance with section 29 of the Newfoundland Medical Care Insurance Act, the Province of Newfoundland is responsible for the funding of expenditures incurred by the Commission in the carrying out of its powers, functions, and duties. Accordingly, an account receivable from the Province has been recorded representing the balance of funds owing by the Province to the Commission at 31 March 1983.

   (b) The Commission recognizes liabilities for insured services rendered prior to 31 March 1983. These liabilities consist of the following:

      (i) Claims presented but not paid - $6,100,656;

      (ii) An estimate of $2,428,416 for unpresented and unpaid claims.

   (c) The Commission follows the practice of expensing fixed assets in the year of acquisition. The total of the fixed assets acquired and under control of the Commission to 31 March 1983 is $164,492 (1982 - $154,346).

STATISTICAL TABLES

TABLE 1

DISTRIBUTION OF PAYMENTS BY TYPE OF PAYMENT BY SPECIALTY 1982-83 (BY DATE OF PAYMENT)

Specialty	Physicians * Dentists & Optometrists	Fee-For-Service Payments	Sessional Payments	Total	% Total Payments
General Practice	293	$25,339,681	$562,512	$25,902,193	50.1
Anaesthesia - Certified	8	731,250	–	731,250	1.4
Anaesthesia - Non-Certified	18	1,338,504	111,457	1,449,961	2.8
Dermatology	1	**	–	**	**
General Surgery	35	3,769,382	28,396	3,797,778	7.4
Internal Medicine	61	5,084,048	41,070	5,125,118	9.9
Neurology	6	292,292	30,347	322,639	0.6
Neurosurgery	2	314,875	–	314,875	0.6
Obstetrics & Gynaecology	17	2,339,176	–	2,339,176	4.5
Ophthalmology	10	802,225	51,600	853,825	1.7
Orthopaedic Surgery	12	1,269,068	62,845	1,331,913	2.6
Otolaryngology	5	1,004,833	–	1,004,833	1.9
Paediatrics	27	1,615,420	80,233	1,695,653	3.3
Physical Medicine	1	**	–	**	**
Plastic Surgery	2	334,659	–	334,659	0.6
Psychiatry	21	2,570,201	50,365	2,620,566	5.1
Urology	6	827,301	8,139	835,440	1.6
Total Physicians	525	**$47,786,109**	**$1,026,964**	**$48,813,073**	94.4
Dental Surgery	59	593,658	–	593,658	1.2
Optometry	28	1,524,430	–	1,524,430	3.0
Out of Province	–	734,777	–	734,777	1.4
Totals	**612**	**$50,638,974**	**$1,026,964**	**$51,665,938**	

* All physicians, dentists and optometrists who received an MCP payment during the fiscal year (including locums).

** Single physician specialty payments are included in totals.

TABLE 2

UNITS OF SERVICE IN PROVINCE BY SPECIALTY BY TYPE OF SERVICE 1982-83
(BY DATE OF SERVICE)

Specialty	Consultations & Assessments	Office Visits	Home Visits	Hospital Visits	Diagnostic Therapeutic Procedures	Obstetrics	General Surgery	Time* Units	Dental Surgery	Totals	% of Total
General Practice	125,809	1,398,219	114,898	245,631	73,465	11,299	35,100	57,476	1,374	2,063,271	66.6
Anaesthesia	491	1	-	352	5,501	2,305	26,347	123,152	2,453	160,602	5.2
Dermatology	2,431	686	-	1,808	708	-	1,236	-	-	6,869	0.2
General Surgery	32,165	5,929	915	28,518	445	58	21,403	3,382	18	92,833	3.0
Internal Medicine	41,768	11,917	135	97,000	43,912	-	6,713	10	-	201,455	6.6
Neurology	4,197	10	1	5,522	4	-	5	-	-	9,739	0.3
Neurosurgery	3,089	217	-	4,940	9	-	608	26	-	8,889	0.3
Obstetrics & Gynaecology	20,673	14,352	2	12,814	144	7,694	8,862	171	-	64,712	2.0
Ophthalmology	19,549	5,166	2	1,467	175	-	1,332	8	-	27,699	0.9
Orthopaedic Surgery	19,624	4,440	2	15,265	729	-	5,393	132	-	45,585	1.5
Otolaryngology	15,956	8,472	2	1,891	6,236	-	7,213	-	1	39,771	1.3
Paediatrics	20,100	10,452	316	30,593	61,583	-	407	-	-	123,451	4.0
Physical Medicine	317	190	-	3,781	-	-	-	-	-	4,288	0.1
Plastic Surgery	2,666	508	-	1,917	3	-	2,210	-	44	7,348	0.2
Psychiatry	11,089	43,899	303	55,359	2,034	-	-	-	-	112,684	3.7
Urology	9,953	1,280	4	4,908	646	-	5,824	243	-	22,858	0.8
Dental Surgery	147	-	-	-	-	-	1	13	40,904	41,065	1.3
Optometry	63,632	-	-	-	-	-	-	-	-	63,632	2.0
Totals	**393,656**	**1,505,738**	**116,580**	**511,766**	**195,594**	**21,356**	**122,654**	**184,613**	**44,794**	**3,096,751**	
% of Totals	**12.6**	**48.6**	**3.8**	**16.5**	**6.3**	**0.7**	**4.0**	**6.0**	**1.5**		

* Units of fifteen minutes spent in anaesthesia and surgical assistance

TABLE 3

AVERAGE GROSS FEE-FOR-SERVICE PAYMENTS TO PRACTITIONERS 1982-83

	FULL TIME[1]		ACTIVE[2]		$20,000 PLUS[3]		ALL PRACTITIONERS[4]	
GENERAL PRACTICE	(180)	119,608	(232)	106,190	(237)	105,969	(293)	86,484
St. John's	(69)	107,202	(91)	92,545	(91)	93,204	(123)	69,973
Corner Brook	(17)	114,590	(22)	107,065	(22)	107,065	(27)	87,723
Grand Falls	(11)	140,408	(13)	127,192	(13)	130,523	(14)	121,772
Carbonear	(7)	129,917	(8)	119,111	(8)	119,111	(8)	119,111
Labrador	(3)	109,342	(7)	87,746	(7)	87,746	(10)	63,361
Gander	(11)	110,521	(12)	103,544	(13)	97,224	(17)	75,675
Other Districts	(62)	132,044	(79)	118,936	(83)	117,467	(94)	104,113
ANAESTHESIA	(10)	104,856	(22)	89,008	(25)	82,701	(26)	79,606
Certified	(5)	112,748	(15)	83,918	(17)	78,605	(18)	74,361
Non-Certified	(5)	96,963	(7)	99,915	(8)	91,406	(8)	91,406
MEDICAL SPECIALTIES	(45)	131,632	(94)	100,726	(92)	103,375	(117)	83,036
Dermatology	(1)	*	(1)	*	(1)	*	(1)	*
Internal Medicine	(22)	125,806	(50)	98,556	(50)	99,915	(61)	83,345
Physical Medicine	–	–	(1)	*	(1)	*	(1)	*
Neurology	(2)	102,978	(3)	89,354	(3)	89,354	(6)	48,715
Paediatrics	(10)	105,768	(19)	81,549	(18)	85,651	(27)	59,830
Psychiatry	(10)	176,855	(20)	128,489	(19)	134,037	(21)	122,391
SURGICAL SPECIALTIES	(47)	163,190	(76)	137,412	(78)	135,284	(89)	119,792
Surgery - Plastic	(1)	*	(2)	167,330	(2)	167,330	(2)	167,330
- Neuro	(2)	157,438	(2)	157,438	(2)	157,438	(2)	157,438
- General	(17)	143,898	(30)	124,441	(30)	124,441	(35)	107,697
Obstetrics & Gynaecology	(7)	200,661	(16)	141,996	(16)	145,086	(17)	137,599
Ophthalmology	(4)	135,976	(7)	106,126	(9)	89,139	(10)	80,223
Otolaryngology	(4)	250,601	(4)	250,601	(4)	250,601	(5)	200,967
Orthopaedic Surgery	(8)	137,455	(9)	135,118	(9)	135,118	(12)	105,756
Urology	(4)	156,536	(6)	137,884	(6)	137,884	(6)	137,884
ALL SPECIALTIES	**(102)**	**143,430**	**(192)**	**113,905**	**(195)**	**113,488**	**(232)**	**96,751**
ALL PHYSICIANS	**(282)**	**128,224**	**(424)**	**109,683**	**(432)**	**109,363**	**(525)**	**91,021**
DENTISTRY	(2)	40,655	(5)	30,909	(3)	42,421	(58)	7,104
ORAL SURGERY	(1)	*	(1)	*	(1)	*	(1)	*
OPTOMETRY	(21)	62,136	(25)	60,239	(24)	62,308	(28)	54,444

1. All practitioners who received a minimum of eleven regular monthly payments totalling more than $20,000, excluding fulltime at Memorial University. A regular monthly payment is one which is greater than half of the average payment for the fiscal year.
2. All practitioners who received a minimum of $5,000 in the fourth fiscal quarter.
3. All practitioners who received more than $20,000.
4. All practitioners who received a fee-for-service payment from MCP during the year.

( ) Denotes numbers of practitioners * Single practitioner specialty

Latest Federal statistics (1980) indicate that approximately 33% of the above amounts were consumed by overheads.

TABLE 4

LEVEL OF GROSS PAYMENTS TO FULL-TIME FEE-FOR-SERVICE PHYSICIANS BY SPECIALTY 1982-83

	$ 20,001-50,000	50,001-75,000	75,001-100,000	100,001-125,000	125,001-150,000	150,001-175,000	175,001-200,000	200,001-225,000	Over 225,001	Totals
Anaesthesia-Certified	-	-	2	1	2	-	-	-	-	5
Anaesthesia-Non-Cert.	-	-	3	2	-	-	-	-	-	5
Dermatology	-	-	-	-	-	-	-	-	-	1 *
General Surgery	1	-	1	4	4	2	3	1	1	17
Internal Medicine	1	-	4	4	8	4	-	-	1	22
Neurology	-	1	-	-	1	-	-	-	-	2
Neurosurgery	-	-	-	-	-	2	-	-	-	2
Obst. & Gynae.	-	-	-	-	1	2	1	1	2	7
Ophthalmology	-	-	1	-	1	2	-	-	-	4
Orthopaedic Surgery	-	-	1	2	2	2	1	-	-	8
Otolaryngology	-	-	-	-	1	-	-	-	3	4
Paediatrics	-	1	6	1	1	-	1	-	-	10
Plastic Surgery	-	-	-	-	-	-	-	-	-	1 *
Psychiatry	-	1	-	-	3	2	1	-	3	10
Urology	-	-	-	1	1	-	1	1	-	4
Sub-Totals	**2**	**3**	**18**	**15**	**25**	**16**	**8**	**3**	**10**	**102**
General Practice	13	13	29	35	56	21	8	3	2	180
Totals	**15**	**16**	**47**	**50**	**81**	**37**	**16**	**6**	**12**	**282**
% of Totals	5.3	5.7	16.7	17.9	28.9	13.2	5.7	2.1	4.3	

* Single physician specialty

TABLE 5

PHYSICIANS, DENTISTS AND OPTOMETRISTS REGISTERED WITH MCP BY MEDICAL AREA BY ACTIVITY STATUS
AS OF MARCH 31, 1983

	PRIVATE* PRACTICE	SALARIED	RADIOLOGY	PATHOLOGY	ADMIN.	TOTAL PHYSICIANS	DENTISTS	OPTOMETRISTS
Baie Verte	1	8	-	-	-	9	4	-
Bell Island	1	3	-	-	-	4	3	-
Bonavista	3	6	-	-	-	9	3	-
Bonne Bay	-	3	-	-	-	3	-	-
Botwood	-	4	-	-	-	4	-	-
Brookfield	-	4	-	-	-	4	2	-
Buchans	-	1	-	-	-	1	-	-
Burgeo	-	3	-	-	-	3	-	-
Burin Peninsula	7	10	-	-	-	17	3	1
Carbonear	24	4	2	-	-	30	5	1
Clarenville	8	-	-	-	-	8	2	2
Come By Chance	3	4	-	-	-	7	-	-
Conception Bay South	15	-	-	-	-	15	1	1
Corner Brook	42	5	2	1	1	51	12	5
Deer Lake	3	-	-	-	-	3	-	-
Fogo	-	4	-	-	-	4	-	-
Gander	19	9	-	1	-	29	4	1
Grand Falls	28	2	2	-	1	33	6	2
Harbour Breton	1	5	-	-	-	6	1	-
Labrador West	10	-	-	-	-	10	3	-
Labrador East	1	7	-	-	-	8	-	-
Markland	2	5	-	-	-	7	2	-
Musgravetown	2	-	-	-	-	2	-	-
Old Perlican	-	2	-	-	-	2	-	-
Placentia	2	4	-	-	-	6	1	-
Port aux Basques	4	4	-	-	-	8	3	1
Southern Shore	3	-	-	-	-	3	1	-
Springdale	4	1	-	-	-	5	2	2
St. Anthony	-	16	-	1	-	17	1	1
Stephenville	9	8	-	-	-	17	3	1
St. John's	293	27	13	5	16	354	35	10
Torbay - Portugal Cove	2	-	-	-	-	2	-	-
Twillingate	3	4	-	-	-	7	2	-
TOTALS	**490**	**153**	**19**	**8**	**18**	**688**	**99**	**28**

* Private practice includes retired, semi-retired and full-time teaching practitioners.

TABLE 6

PHYSICIANS, DENTISTS AND OPTOMETRISTS REGISTERED WITH MCP BY SPECIALTY BY ACTIVITY STATUS AS OF MARCH 31, 1983

	PRIVATE PRACTICE	RETIRED	SEMI-RETIRED	SALARIED PRACTICE	ADMINISTRATION	FULL-TIME TEACHING	TOTAL
General Practice	246	1	3	139	11	9	409
Anaesthesia (Certified)	8	-	-	-	-	8	16
Anaesthesia (Non-Certified)	8	-	-	-	-	-	8
Dermatology	2	-	-	-	-	-	2
General Surgery	28	3	1	5	2	7	46
Internal Medicine	36	-	-	1	3	22	62
Neurology	2	-	-	-	-	3	5
Neurosurgery	2	-	-	-	-	-	2
Obstetrics & Gynaecology	12	-	-	-	-	4	16
Ophthalmology	11	-	-	-	-	-	11
Orthopaedic Surgery	8	-	-	1	-	1	10
Otolaryngology	7	-	-	1	-	-	8
Paediatrics	16	-	-	3	-	12	31
Physical Medicine	-	-	-	-	-	1	1
Plastic Surgery	2	-	-	-	-	-	2
Psychiatry	12	-	-	3	2	8	25
Urology	5	-	1	-	-	1	7
SUB TOTAL	**405***	**4 ***	**5***	**153**	**18**	**76***	**661**
Dentistry	92	-	-	6	-	-	98
Oral Surgery	1	-	-	-	-	-	1
Pathology (Certified)	-	-	-	4	-	-	4
Pathology (Non-Certified)	-	-	-	4	-	-	4
Radiology (Certified)	-	-	-	13	-	-	13
Radiology (Non-Certified)	-	-	-	6	-	-	6
Optometry	28	-	-	-	-	-	28
TOTAL	**526**	**4**	**5**	**186**	**18**	**76**	**815**

* Total of these figures = Private Practice in Table 5

Note: Table excludes locums and residents who may be registered

TABLE 7

IN PROVINCE DISTRIBUTION BY AGE AND SEX OF SERVICES AND PAYMENTS 1982-83
(BY DATE OF SERVICE)

	MALE				FEMALE				TOTAL			
Age Group	Services	%	Payments	%	Services	%	Payments	%	Services	%	Payments	%
Less than 1	23,543	2.3	510,192	2.5	21,201	1.4	428,517	1.5	44,744	1.7	938,709	1.9
1-4	95,143	9.5	1,545,342	7.5	83,963	5.5	1,291,749	4.4	179,106	7.1	2,837,091	5.7
5-9	80,303	8.0	1,397,558	6.8	72,726	4.7	1,208,411	4.1	153,029	6.0	2,605,969	5.2
10-14	64,768	6.4	1,164,756	5.6	65,004	4.2	1,113,253	3.8	129,772	5.1	2,278,009	4.5
15-19	69,241	6.9	1,287,416	6.2	123,494	8.1	2,200,844	7.5	192,735	7.6	3,488,260	7.0
20-24	63,835	6.3	1,225,978	6.0	176,749	11.5	3,240,467	11.1	240,584	9.5	4,466,445	8.9
25-29	64,717	6.4	1,247,712	6.1	186,092	12.1	3,520,566	12.0	250,809	9.9	4,768,278	9.5
30-34	68,943	6.9	1,319,323	6.4	150,734	9.8	2,898,837	9.9	219,677	8.6	4,218,160	8.5
35-39	63,797	6.3	1,251,740	6.1	111,837	7.3	2,171,599	7.4	175,634	6.9	3,423,339	6.9
40-44	50,417	5.0	1,036,032	5.0	80,514	5.3	1,593,812	5.4	130,931	5.2	2,629,844	5.3
45-49	47,863	4.8	1,030,863	5.0	69,051	4.5	1,351,563	4.6	116,914	4.6	2,382,426	4.8
50-54	51,317	5.1	1,153,434	5.6	68,172	4.4	1,383,025	4.7	119,489	4.7	2,536,459	5.1
55-59	53,222	5.3	1,261,819	6.1	61,154	4.0	1,226,698	4.2	114,376	4.5	2,488,517	5.0
60-64	61,249	6.1	1,445,917	7.0	64,843	4.2	1,351,510	4.6	126,092	5.0	2,797,427	5.6
65-69	51,406	5.1	1,270,413	6.2	60,665	4.0	1,290,248	4.4	112,071	4.4	2,560,661	5.1
70-74	42,761	4.2	1,059,264	5.2	51,994	3.4	1,137,079	3.9	94,755	3.7	2,196,343	4.4
75-79	26,568	2.6	661,629	3.2	36,148	2.4	819,063	2.8	62,716	2.5	1,480,692	3.0
80-84	16,444	1.6	396,679	1.9	25,264	1.7	556,260	1.9	41,708	1.6	952,939	1.9
Over 85	12,441	1.2	320,995	1.6	23,512	1.5	519,824	1.8	35,953	1.4	840,819	1.7
TOTAL	1,007,978		20,587,062		1,533,117		29,303,325		2,541,095		49,890,387	
% OF TOTAL	39.7		41.3		60.3		58.7					

TABLE 8

IN PROVINCE FEE-FOR-SERVICE PATIENT SERVICE LEVELS 1982-83
(BY DATE OF SERVICE)

SERVICES PER PATIENT		NUMBER OF PHYSICIANS SEEN 1	2	3	4-6	7-10	11-14	15+	TOTAL	%
1-5	Patients	143,999	75,261	26,564	5,992	0	0	0	251,816	62.5
	Services	249,416	232,854	106,456	27,708	0	0	0	616,434	
6-10	Patients	10,189	21,020	23,906	26,246	529	0	0	81,890	20.3
	Services	74,893	155,253	179,743	209,380	4,851	0	0	624,120	
11-15	Patients	2,556	5,365	7,468	16,952	2,219	9	0	34,569	8.6
	Services	32,007	67,381	94,073	215,835	29,270	131	0	438,697	
16-20	Patients	677	1,752	2,770	8,431	2,681	58	1	16,370	4.1
	Services	11,856	30,796	48,779	149,477	48,222	1,078	17	290,225	
20-25	Patients	210	578	1,069	4,057	2,153	141	6	8,214	2.0
	Services	4,710	13,032	24,213	92,052	49,231	3,275	139	186,652	
26-30	Patients	88	214	413	1,848	1,351	211	5	4,130	1.0
	Services	2,445	5,907	11,448	51,133	37,548	5,925	140	114,546	
31-35	Patients	30	88	158	843	895	171	14	2,199	0.6
	Services	987	2,855	5,181	27,599	29,308	5,637	463	72,030	
36-40	Patients	16	60	81	399	507	156	25	1,244	0.3
	Services	608	2,281	3,052	15,071	19,169	5,912	952	47,045	
41-45	Patients	17	22	35	227	299	132	32	764	0.2
	Services	727	947	1,503	9,708	12,787	5,674	1,370	32,716	
46-50	Patients	10	31	29	143	176	81	22	492	0.1
	Services	480	1,494	1,397	6,840	8,401	3,885	1,046	23,543	
50+	Patients	17	43	66	291	461	271	178	1,327	0.3
	Services	950	2,816	4,566	21,046	31,733	19,578	14,398	95,087	
TOTAL	**Patients**	**157,809**	**104,434**	**62,559**	**65,429**	**11,271**	**1,230**	**283**	**403,015**	
	Services	**379,079**	**515,616**	**480,411**	**825,849**	**270,520**	**51,095**	**18,525**	**2,541,095**	

TABLE 9

CLAIMS PROCESSING RESULTS
(BY DATE OF PROCESSING)
1982-83

CLAIMS (IN-PROVINCE)		
Received from practitioners	2,392,087	
% Increase over previous year		9.6%
Returned to practitioners	38,916	
% Decrease from previous year		(17.1%)
Units of service paid	3,177,190	
% Increase over previous year		11.9%
Rejected Claims		14.7%
% Edit		3.7%
% Medical Assessment		
CLAIMS AND ENQUIRIES (OUT-OF-PROVINCE)		
Claims paid	17,667	
% Decrease from previous year		(0.1%)
Enquiries and non-payable claims	15,777	
% Increase over previous year		10.8%
PATIENT REGISTRATIONS		
New registrations	19,788	
% Decrease from previous year		(7.4%)
Registration updates	41,211	
% Decrease from previous year		(6.7%)
Card replacements	15,331	
% Increase over previous year		12.2%

TABLE 10

SUMMARY OF COSTS
1982-83

Year	Fee-For-Service Costs	Administrative Costs	Total Plan Costs (Cols. 1 & 2)	Payments to* Salaried Physicians	Total Costs
1969-70	8,595,700	971,800	9,567,500	3,667,100	13,234,600
1970-71	11,333,700	772,700	12,106,400	3,635,900	15,742,300
1971-72	11,667,000	812,500	12,479,500	4,096,000	16,575,500
1972-73	13,285,500	938,300	14,223,800	4,301,300	18,525,100
1973-74	15,523,400	974,900	16,498,300	4,674,400	21,172,700
1974-75	18,401,100	1,020,000	19,421,100	4,834,400	24,255,500
1975-76	21,822,200	1,134,700	22,956,900	5,488,700	28,445,600
1976-77	24,481,300	1,191,000	25,672,300	6,775,800	32,448,100
1977-78	25,228,100	1,318,700	26,546,800	7,155,400	33,702,200
1978-79	27,761,400	1,286,500	29,047,900	6,194,600	35,242,500
1979-80	31,513,400	1,434,500	32,947,900	6,803,700	39,751,600
1980-81	37,333,500	1,619,300	38,952,800	8,684,700	47,637,500
1981-82	43,129,100	1,763,700	44,892,800	9,462,700	54,355,500
1982-83	52,294,100	2,046,000	54,340,100	10,998,400	63,292,500

Note: *Effective April 1, 1979 responsibility for payment of salaried physicians was transferred to the Department of Health. Figures are included here for consistency.